

ACCOUNT RECONCILIATION/ CONSENT FORM

I _____

with Pin no _____ an

employee of _____

_____ do grant PAL PENSIONS the right to reconcile and correct any erroneous payment credited to my RSA (Retirement savings account) for the period STATED BELOW:

_____ and I also agree that a reversal be made from my RSA (Retirement savings account) for the erroneous payment for the above mentioned period(s)

I do agree that the sum of _____ as

the amount erroneously credited to my account be reversed and credited to

Total Amount credited erroneously _____ (N _____ .k)

SIGNATURE / DATE

LEFT THUMB

RIGHT THUMB
